



# POST-NOTIFICATION

CIC-POST-01

FOR RTOs DELIVERING GENERAL INDUCTION TRAINING IN NSW UNDER THE  
NATIONAL CODE OF PRACTICE FOR INDUCTION FOR CONSTRUCTION WORK

Please use **BLACK INK** and print within the boxes in **BLOCK LETTERS**. Complete all sections or make **N/A**

## A. RTO Details

RTO Name

WorkCover Approval Number

RTO's Contact Phone Number

## B. Training Post-Notification Details

Nominated Trainer's Name

Nominated Trainer's Identification Number **TR**

Nominated Trainer's Contact Phone Number

Date of Training (DD MM YYYY)

Actual Start Time

Actual End Time

Total time of all breaks taken

(24 hour clock)

(24 hour clock)

(Duration)

Name of Training Venue (if applicable)

Street No

Street Address

Suburb

State

Postcode

## C. Exemption Details

Have you had an exemption approved for this training course? If 'Yes', provide exemption number and brief description.

Exemption number

Brief description of exemption:

## D. Declaration

I, the Nominated Trainer recorded in section B, declare that:

- the information provided in sections A, B and C of this form is true and correct in every particular
- training has been conducted in accordance with the WorkCover NSW Administration Guidelines and Code of Conduct For Registered Training Organisations Delivering General Induction Training in NSW under the *National Code of Practice for Induction for Construction Work*.
- The assessments were undertaken using the WorkCover NSW mandated assessment instrument.

Nominated Trainer Signature

Date (DD MM YYYY)

(Date of Declaration)

It is an offence under the Crimes Act 1900 and Occupational Health and Safety Regulation 2001 to make false or misleading statements in this form. Heavy penalties apply.

## E. Payment Details

### Payment of Course Administration Fee

Please tick the box if you require a receipt for the course payment

Number of Successful Participants

x \$20 (\$20 per successful participant) = administration fee payable

Total Administrative Fee Payable \$

(NOTE: Fee is GST exempt)

### By Cheque / Money Order

Enclosed is a cheque or money order made payable to **WorkCover NSW**

### By Credit Card

Please charge my credit card:

MasterCard

Visa

AMEX

Card Number

Card Expiry Date (MM YYYY)

Cardholder Name

Cardholder Signature

Amount Payable \$